



STATE OF NORTH CAROLINA
Small Professional Services Firm Program
SPSF Eligibility Complaint Form

Send completed form to: Contractual Services Unit
ATTN: SPSF
1509 Mail Service Center
Raleigh, NC 27699-1509

I have reason to believe that _____ (*enter name of firm*)
does not meet the eligibility standards for a Small Professional Services Firm. I believe this
firm is ineligible for the following reasons:

I understand that I must have this form notarized before submitting it to your office and that my
confidentiality will be maintained, unless otherwise required to be disclosed by law, until the end
of the forthcoming investigation of this complaint.

(Signature) (Date)

NOTE – AFFIDAVIT MUST BE NOTARIZED

STATE OF: _____

COUNTY OF _____

I _____, A Notary Public for said State, County, do hereby certify that

_____ personally appeared before me this day and acknowledged the
due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day of _____ 20____ Seal }

(Signature Owner/Officer)

(Notary Signature)

(Title)

My commission expires _____ 20____